Shared Work Program Employer Handbook



Our Mission Statement

The Employment Security Department's Shared Work Program mission is to assist with and enhance the well being of the state business communities and their workforce constituency. This will be accomplished through the equitable and timely issuance of employer program eligibility decisions; prompt and fair payment of benefits; providing accurate information, technical assistance, and training regarding the Shared Work Program. The program will promote economic security for employers, employees, and the state's business communities in maintaining and supporting a stable workforce.

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What is the Shared Work Program?

The Washington State Employment Security Department, Unemployment Insurance Division, Shared Work Administrative Unit manages the Shared Work Program. The Program was enacted into law in 1983 under Chapter 50.60 Revised Code of Washington (RCW). It is a voluntary employer-initiated program.

The Shared Work Program offers qualified employers of Washington State an alternative to layoffs of skilled employees during periods of unanticipated general economic downturns. Shared Work eligibility is extended to all employers, both public and private, from large corporations to those with only one employee.

Shared Work participation allows an employer to reduce an employee's full time weekly work hours between 10% and 50%, while the employee receives a corresponding percentage of Unemployment Insurance (UI) benefits. Participation can involve your entire workforce, or particular units of your business. At least 10% of the employees in a work unit must be affected by a reduction in hours; however, 100% of your employees may participate. Shared Work is a flexible program and can accommodate a variety of work situations. Shared Work saves jobs and money.

A Shared Work plan can be in effect for a maximum of 52 weeks. Employees can receive a maximum of 26 weeks of Shared Work benefits during the benefit year. The waiting week counts as one of the 26 weeks of Shared Work payments.

Employers communicate directly with the Shared Work Administrative Unit for all matters pertaining to the Shared Work plan and their employees' UI claims.

By legislative intent, the program creates a win/win situation for both employers and employees:

- Employers retain their skilled workforce, save on payroll costs and the expenses for recruiting, hiring, and training new employees.
- Employees receive more net income than they would if fully unemployed and they avoid the hardships of full unemployment.

For additional information, go to:

www.sharedwork.go2ui.com

Or call 1-800-752-2500 or 360-902-9350

What are the Requirements?

We will approve a *Shared Work Compensation Plan Application* if the following requirements are met:

- 1. The reduction in work hours is in lieu of temporary layoffs.
- 2. The plan identifies the affected work units and applies to at least 10% of the employees in each affected work unit.
- 3. Employees in an affected work unit are identified by **all** the information required on the *Shared Work Compensation Plan Participant List*.
- 4. The usual weekly hours of work for an employee in an affected work unit are reduced by at least 10%, but not more than 50%.
- 5. Health benefits cannot be reduced due to a reduction in hours.
- 6. The collective bargaining agent for each collective bargaining agreement covering any employee in an affected unit must approve the *Shared Work Compensation Plan Application*, in writing, if applicable.
- 7. Employers must agree to provide reports necessary for the proper administration of the plan and designate an Employer Representative to work with the Shared Work Administrative staff.
- 8. A business must be legally registered in the state of Washington for at least six months (one hundred eighty days) before applying for the Shared Work Program. "Registration" includes being issued an Employment Security (ES) reference number, as well as a Unified Business Identifier (UBI) number.
- 9. Employees who would be eligible to receive regular UI benefits in Washington State are eligible to participate in the Shared Work Program. All eligible Shared Work participants must be permanent full-time employees, and have one quarter (three months) of current employment with the approved Shared Work employer.
- 10. Corporate officers are not eligible for participation in the Shared Work Program, even though they may have elected voluntary coverage under RCW 50.04.165.
- 11. The Shared Work Program is not offered to seasonal employers or to employers who have traditionally used part-time employees.

Definitions:

WAC 192-100-040 Seasonal employment. The term "seasonal employment" means work with regular periodic layoffs, showing a consistent pattern of employment and unemployment.

WAC 192-250-005 (1) "Full time employment" means paid time of thirty-five to forty hours each week. (2) "General economic downturn" means a regional slowdown in work within an industry that is not due to factors that are typical for the industry or occupation.

All these requirements are contained in the Shared Work laws and rules provided in the Appendix.

How Does a Company Apply?

To apply for the Shared Work Program, an employer must complete a *Shared Work Compensation Plan Application* and a *Shared Work Compensation Plan Participant List* (application package) and fax the package to the Shared Work Administrative Unit. We will start the plan approval process once we receive the completed, legible forms.

These forms and the *Instructions for Completing the Shared Work Compensation Plan Application Package* are located in the tear-out pages of this handbook. You can also download the forms from the Internet at www.sharedwork.go2ui.com. Mail or fax the completed application package to the address or fax number listed on the instruction sheet. If faxed, also mail the original copy.

We will return any incomplete or unsigned forms. This will delay the plan approval process. We only accept our Shared Work forms and documents.

Employment Security Reference Number

The Employment Security (ES) Reference number is used for payroll tax reporting purposes. You must include the ES Reference number on the *Shared Work Compensation Plan Application* before it can be processed. Contact the District Tax Office (DTO) that serves your account if you do not know your ES Reference number. A DTO directory is included in this handbook or available online at www.dto.go2ui.com.

Modifying a Shared Work Plan

Answering "yes" to question #8: Modification Statement, on your application allows additional employees or units of your business to be added after the approved plan start date. You may also modify the number of hours an employee works during a week according to the needs of your business. Adding new employees or units to an approved plan is subject to the same eligibility review that applied to the original plan.

Collective Bargaining Unit

If you have a Collective Bargaining agreement, your *Shared Work Compensation Plan Application* must be approved by the collective bargaining agent(s) for each agreement that covers any employee in an affected work unit. If there is more than one collective bargaining agent(s), attach a separate page to provide the required information and signature(s).

Approval Process

The Shared Work Administrative Unit will issue a written approval or denial of your *Shared Work Compensation Plan Application* within 15 working days from the date a completed application package is received. All plan denials are final and cannot be appealed. You may apply for another plan 15 days after the mailing date of the denial, if there is new or additional information that was not considered during the original plan application process.

Effective Date and Duration of Plan

An approved *Shared Work Compensation Plan Application* is effective the **second Sunday after the plan approval date**. You can request another effective date when it is later than the second Sunday after the approval date. The plan expires at the end of the 12th full calendar month after the effective date, or you can request a plan that is less than 12 months in duration. Plans approved for fewer than 12 months still count as one plan.

Your employees may file for regular UI benefits if their work hours are reduced prior to the approved start date of your Shared Work Compensation Plan. Employees may call the TeleCenter at 1-800-318-6022 to file a claim, receive eligibility requirements, and directives.

Now That You Have Been Approved

You must select a designated Employer Representative for your company. The Employer Representative acts as a liaison between your employees and the Shared Work Administrative Unit in Olympia by assisting with your employee's UI claims and matters pertaining to your plan. Report any change in the Employer Representative position to the Shared Work Administrative Unit within 10 working days.

Employer Representative Responsibilities

Your company and the Employer Representative are responsible for the following:

- After receiving your Shared Work plan approval packet, you must call the Shared Work Administrative Unit to start your employees on the program. Consult the list of contacts contained in the packet.
- Review the copy of the Shared Work Compensation Plan Participant List and compare it with
 the Shared Work Participant Inquiry printout, to make sure all participants are included, and the
 social security numbers and names are accurate. It is the employer representative's
 responsibility to notify employees who are determined eligible, ineligible, or have a current
 UI claim. We will note this with a brief explanation in the right margin of the Shared Work
 Compensation Plan Participant List copy.
- Provide your participating employees with the *Instruction Sheet to Complete Your Participant Application* and the *Participant Application for Shared Work Benefits*. After the employees complete the forms, fax or mail them to the Shared Work Administrative Unit. All employees **must** sign their completed application.
- Review all applications completed by your employees. If any employee marks "NO" to U.S. citizen, they must provide their alien registration number from the U.S. Citizenship and Immigration Services. If we need additional verification, your employee must provide a legible copy of their alien registration card (front and back).
- Ensure all current work history fields are completed with employer name, address, hire date (mo/day/yr), separation date (mo/day/yr), date hours recently reduced, and job title. Employees are to include **all** work history for the past two (2) years including a second job (with actual last day worked), and any employment in other states. If this information is not provided in detail, the claim will not be filed in a timely manner.

- Direct employees to file weekly claims using the telephone or Internet. Instructions for filing are found in the tear-out section of this handbook titled "You've Applied for Shared Work Benefits, What's Next?" Your employees will receive a similar brochure titled "You've Applied for Unemployment What's Next?" at their mailing address. Please inform your employees to disregard this document.
- When directed by the Shared Work Administrative Unit, distribute the *Instruction Sheet to Complete Your Shared Work Claim form*. Review for completeness, including employee's signature, and fax or mail to the Shared Work Administrative Unit.
- Submit a *Shared Work Compensation Plan Participant List* when adding employees to an existing plan. Please be aware that we will **only** consider participant additions to an existing plan during the week we receive a *completed Shared Work Compensation Plan Participant List*. **It will not be retroactive.**
- Submit a *Shared Work Participant Status Change Request Form* to remove a participant from a plan. Plan removal could be due to a quit, discharge, lack of work, change in full-time work status, voluntary, or employer removal from the Shared Work plan. Notify the Shared Work Administrative Unit immediately of any change in status of your participating employees. Submit a *Shared Work Participant Status Change Request Form* to change the status of any affected employee.
- Cross-reference the weekly benefit payment information on the Shared Work Payments Report (G5106) with your payroll records. Submit, in writing, any discrepancies to the Shared Work Administrative Unit using the *Request for Employer Information* form. Please have employees sign the form if they agree to the corrections made by the employer. RCW 50.60.030(9)
- You must report any change in your company's Employment Security (ES) Reference Number within 10 days to the Shared Work Administrative Unit.
- A change in ES reference number represents a change in business structure or ownership and may require a new application for program participation.

Employee Responsibilities

Shared Work participants are responsible for the following:

- Legibly complete and sign the *Participant Application for Shared Work Benefits* and submit to the Employer Representative. Ensure all current work history fields are complete with employer name, address, hire date (mo/day/yr), separation date (mo/day/yr), the date hours will be reduced, and job title. Include **all** work history for the past two (2) years, including a second job (with actual last day worked), employment in other states, and self-employment. If this information is not provided in detail, the claim will not be filed in a timely manner. You are required to report your weekly gross earnings and an **estimate** of your total gross earnings for the past 18 months prior to the date of application.
- Know your hourly rate of pay.
- Know when your claim begins and ends by -- referring to the Effective Date of Claim (EDC) and Benefit Year End (BYE) dates. We will mail you a Statement of Wages and Hours with your EDC and BYE dates.
- **File your weekly claims by telephone or Internet.** The UI Continued Claim paper form should be used only when directed by the Shared Work Administrative Unit.

- Employees **should not** contact the Unemployment Claims TeleCenters or any field offices while participating in the Shared Work Program. The Shared Work Administrative Unit in Olympia administers the program statewide.
- Any issues regarding your claim, eligibility determination, and overpayment decisions must be addressed with your company's Employer Representative, unless otherwise directed by the Shared Work Administrative Unit.
- You must be able and available for **all** work offered by your Shared Work employer to be eligible for Shared Work benefits.
- You are **not** required to make an active search for work while participating in the Shared Work Program. However, you must answer "**YES**" to question #2: "Did you make an active search for work as directed?" when claiming benefits.
- You are responsible for the accurate reporting of all gross earnings and hours worked, including **paid** sick, vacation, and holiday hours, for each week claimed. Inaccurate reporting may establish unnecessary claim issues and delay the payment of benefits.
- You **must** also report **any** secondary employment or self-employment each week you claim.

Shared Work Administrative Unit Responsibilities

The Shared Work Administrative Unit will:

- Approve/disapprove Shared Work plan applications.
- Approve/disapprove Shared Work participant (employee) eligibility.
- Process all Shared Work employer/employee forms and documents.
- Issue non-monetary and overpayment decisions on Shared Work claims.
- Provide Shared Work Program technical assistance and training.
- Provide courteous and accurate information regarding the Shared Work Program.
- Actively promote and market the Shared Work Program.
- Provide dependable customer service.

The Shared Work Administrative Unit in Olympia is solely responsible for the administration of the Shared Work Program and handles all matters pertaining to active plans and benefit claims.

The Employer Representative and employee should not contact the TeleCenters while participating in the Shared Work Program.

Employee UI Application Process

When your company's *Shared Work Compensation Plan Application* is approved, your eligible employees apply for their initial UI claim. If an employee already has a current UI claim, then filing the initial claim is **not** necessary. The Shared Work Administrative Unit will notify the designated Employer Representative for your company of the employees who need to complete a *Participant Application for Shared Work Benefits* and we will provide the Employer Representative with the forms.

Our department will mail an *Unemployment Claims Kit* to your employees once a valid UI claim is established. The "Kit" outlines their rights and responsibilities. The department will also send a Statement of Wages and Hours. This Statement lists the benefit entitlement they are eligible to receive. **Any claim forms and job search information contained in the "Kit" should be disregarded.** Shared Work eligible employees are **not** required to look for work while participating in an active Shared Work plan. In addition, an eligible employee may receive a work search directive letter. If this occurs, the employee should call the telephone number on the letter immediately to inform the WorkSource Office that the employee is currently participating in the Shared Work Program and is **not** required to make an active work search.

After we approve the *Participant Application for Shared Work Benefits*, your employees are ready to begin claiming benefits. The two methods of filing weekly claims are by telephone or Internet. We will mail written instructions covering both methods to the employer representative for distribution. **Filing paper Continued Claim forms for Shared Work benefits shall be done only at the direction of the Shared Work Administrative Unit.** Employees can receive up to 26 weeks of Shared Work UI benefits during a benefit year. The mandatory *waiting week* for each employee counts as one of the 26 weeks of Shared Work benefit eligibility, unless a waiting week was previously claimed prior to program participation.

What Paid Hours are Reportable?

Shared Work participants must report all paid time including sick, holiday, and vacation hours and earnings as regular work hours and earnings. Report self-employment separately under the question, "Did you work in self-employment?" Report any second jobs or other reportable earnings under the question, "Did you have any other reportable earnings?" If you have any further questions, contact the Shared Work Administrative Unit.

Reasons for the Employee Not Receiving Shared Work Benefits

An employee may **not** be eligible for Shared Work benefits for the following reasons:

- Available work hours are reduced less than 10%, or more than 50%, of the standard work week.
- Employee fails to accept all work offered by the Shared Work employer, or is on leave without pay.
- Employee has received 26 weeks of Shared Work benefits within a benefit year.
- Employee cannot establish a valid Washington State UI claim because they have worked less than 680 hours in the base year.
- Employee is currently denied benefits due to a prior decision issued by our department.
- The Employer's Shared Work plan has expired.
- Employee's UI claim has expired.

Overpayments

If our department determines one of your employees may have been overpaid, the employee will be notified in writing. If an overpayment decision is made, the employee is responsible to repay the debt.

Underpayments

If an employee feels that he or she has been underpaid, they should contact their designated Employer Representative. The Employer Representative should contact the Shared Work Administrative Unit and explain the situation. The Shared Work Administrative Unit will review the employee's payment records. A *Request for Employer Information* form must be completed by both, the representative and the employee to reflect the changes. If appropriate, the Shared Work Administrative Unit will issue a supplemental benefit payment.

Other Information

Shared Work Payments Report (G5106)

The Shared Work Payments Report (G5106) is generated weekly and mailed to the designated Employer Representative to cross-match with company payroll records and is required by Washington Administrative Code. This report may verify incorrect employee reporting of hours or earnings and improper Shared Work benefit payment(s). Please complete the *Request for Employer Information* form when reporting discrepancies in hours or earnings and mail or fax to the Shared Work Administrative Unit.

WAC 192-250-025(7) states, in part, "...you are responsible for verifying the information on the Shared Work Payments Report sent by the department. You must report any discrepancies in writing to the Shared Work Administrative Unit within ten working days."

Employee Layoff Guidelines

If it becomes necessary to layoff a participating employee for four weeks or more, you must complete the *Shared Work Participant Status Change Request Form*. Mail or fax the form to the Shared Work Administrative Unit, and we will end their participation in the Shared Work Program.

If the employee is on layoff for four weeks or more (up to a maximum of eight weeks), with a definite return to work date, you may contact the TeleCenter for information regarding standby status.

If the employee returns to work, you may request to have the employee added back on the Shared Work Plan by completing the *Shared Work Compensation Plan Participant List*. These requests are usually processed within 1-2 days of receipt, and participation is effective the week they are added to the plan.

Experience Rating

Shared Work benefits are charged to an employer's Tax Experience Rating account in the same manner as regular UI benefits. For further Benefit Charging/Experience Rating information, please access www.tax.go2ui.com or call (360) 902-9670.

Causes for revoking a Shared Work plan? (WAC 192-250-030)

The department may revoke your Shared Work plan for good cause, which includes, but is not limited to:

- 1. An employer's failure within ten working days to:
 - a. Report a change in your ES reference number.
 - b. Report an impending sale or transfer of the business or company.
 - c. Report a change in the designated employer representative.
 - d. Provide wage and hour reports, documents, or other information needed by the Shared Work Administrative Unit to decide if the employer or employee(s) is eligible for participation in the Shared Work Program.
 - e. Verify the information on the employer's Shared Work Payments Report, and notify the Shared Work Administrative Unit of any discrepancies.
- 2. An employer's failure to maintain employee fringe benefits as required by WAC 192-250-025(2) while participating in the program.

We will provide the revoke order in writing and specify the effective date and the reasons for revoking the plan.

Frequently Asked Questions

What happens once a participating employee returns to full-time hours?

If full-time work will last for four weeks or more, the Employer Representative should advise the employee(s) to discontinue claiming. If full-time work will be four weeks or less, have the employees continue to file their continued claims to keep them active and open.

Does participation in the Shared Work Program affect a participating employee's ability to draw regular UI benefits?

No. Participation in the Shared Work Program does not affect a participating employee's ability to draw regular UI benefits, provided there are funds available in their New Balance Available (NBA), and UI rules and regulations for regular UI are met. Claims for the remaining balance may be made until the Maximum Benefits Payable (MBP) is exhausted, or until the Benefit Year Ends (BYE), whichever occurs first.

How are Shared Work benefits different from regular UI benefits?

Shared Work benefits are calculated differently than regular UI benefits. Calculation of Shared Work benefits is based on the percent in reduction of **hours** worked in the week claimed, times the claimant's weekly benefit amount (refer to the Shared Work Payment Calculation Chart in the Appendix). Regular UI benefits are calculated based on a deduction for the amount of gross **earnings** reported each week (refer to the Earnings Deduction Chart in the Appendix).

What if my employees need assistance before the Shared Work Compensation Plan Application is approved and in effect?

The Shared Work Program is not retroactive. If your employees' hours need to be reduced prior to you receiving a plan approval or denial for your Shared Work application, they may call the TeleCenter at

1-800-318-6022 to inquire if they qualify for regular unemployment. They may also file an application for regular UI online at www.go2UI.com. Until a plan approval is determined, your employees do not qualify for Shared Work benefits.

Why do I need to check 'YES' to question #8 (Modification Statement) on the Shared Work Plan Application? WAC 191-250-025(5)

Answering "yes" allows you to add additional employees or units of your business after the approved plan start date. You may also modify the number of hours an employee works during a week according to the needs of your business. Adding new employees or units to an approved plan is subject to the same eligibility review that applied to the original plan.

How long does it take to add participants to an existing Shared Work Compensation Plan Application?

The amount of time it takes to add employees depends on the additional research required to ensure they are eligible for participation. If eligible, we will add participants during the week a completed *Shared Work Compensation Plan Participant List* is received by the Shared Work Administrative Unit.

Why do I need to use the *Shared Work Compensation Plan Participant List* provided? Why can't I use my own Excel spreadsheet?

The Shared Work forms are specifically formatted to expedite the keying of data into our computer system. Any variations on the design, formatting, or labeling of these forms delays this process.

Is there a waiting week in the Shared Work Program?

Yes. Employees must file a weekly claim and meet UI eligibility requirements to receive their waiting week credit. One waiting week per benefit year must be served prior to the payment of any benefits. If any of your employees have a current UI claim at the time a Shared Work plan goes into effect, **and** already served a waiting week on that claim, the employee does not serve another waiting week until he or she establishes a new benefit year.

If my employees can only receive 26 weeks of Shared Work benefits, why is the *Shared Work Compensation Plan* period for one year?

Generally, eligible employees do not claim the 26 weeks of Shared Work UI benefit in succession. The plan year time period allows an employer the flexibility of using the program when necessary during a temporary business slowdown. The program also affords the ability to quickly discontinue usage when business conditions improve and full time work is available. Most employers select their Shared Work plan for the maximum of a year to assist with business fluctuations. However, depending on need, the plan period can be for a shorter duration if the employer specifies this at the time of application. Plans shorter than one year in duration still count as one plan.

What is the minimum and maximum number of hours my employees can work during a week and still receive Shared Work benefits?

Your employees must have at least 20 paid hours to report, but no more than 36 hours, during a given week to receive benefits. Paid hours include any combination of sick, holiday, or vacation time. For any week they have less than 20 paid hours or more than 36 hours to report, their claims will be processed under regular UI law.

I have several businesses, but under different Employment Security Reference Numbers. Do I need a separate application for each business?

Yes. The Employment Security Tax and Wage Administration and the Shared Work Administrative Unit consider each ES Reference number an individual entity.

What if I don't need the *Shared Work Compensation Plan* once my plan has been approved? Am I obligated to continue?

No. Employer participation in the Shared Work Program is strictly voluntary. An employer can discontinue an active plan at any time; however, unused plans still count as one plan.

Is there a limit on the number of approved *Shared Work Compensation Plan Applications* I can have?

Yes. An employer may have two Shared Work Plans within a three year period beginning with the effective date of the first plan. One year must elapse after the expiration date of the second approved plan before a new *Shared Work Compensation Plan Application* can be considered.

Does being approved for a previous plan guarantee approval for subsequent plans?

No. Each Shared *Work Compensation Plan Application* package is reviewed on its own merits. Because a previous plan is approved does not mean subsequent plans are automatically approved.

If all or some of my employees are covered by a collective bargaining agreement, am I required to discuss this program with the union?

Yes. By law, the collective bargaining agent must also sign the application.

Are "employee-leasing agencies" eligible for the Shared Work Program?

No. Leasing agencies are considered a third party entity that, for a fee, places employees of a client onto its payroll and leases such employees back to the client (RCW 50.04.245). Employees are on the leasing company's payroll, and for fees, are leased back to the fee-paying employer where the work is actually performed. Because the actual work performed is related to the business activity of the fee-paying employer, and not the leasing agency, a *Shared Work Compensation Plan Application* would not be approved for an employee-leasing agency.

Appendix

SHARED WORK EMPLOYER INFORMATION

Shared Work Laws (RCW)
Shared Work Rules (WAC)
Employer Representative Responsibilities
District Tax Offices

TEAR OUT PAGES FOR YOUR REFERENCE

Shared Work Compensation Plan Application
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EMPLOYER REPRESENTATIVES: Please copy and distribute the following forms to your Shared Work Participants.

What's Next? Employee Responsibilities

RCW CHAPTER 50.60

Shared Work Compensation Plans -- Benefits

Sections:	
50.60.010	Legislative intent.
50.60.020	Definitions.
50.60.030	Shared work compensation planCriteria for approval.
50.60.040	Shared work compensation planApproval or rejectionResubmission.
50.60.050	Approved shared work compensation planMisrepresentationPenalties
50.60.060	Approved shared work compensation planEffective dateExpiration.
50.60.070	Approved shared work compensation planRevocationReview of plans.
50.60.080	Approved shared work compensation planModification.
50.60.090	Shared work benefitsEligibility.
50.60.100	Shared work benefitsWeekly amountMaximum entitlementClaims
	Conditions of entitlement.
50.60.110	Shared work benefitsCharge to employers' experience rating accounts.
50.60.120	Shared work benefitsExhaustee.
50.60.900	Title and rules to apply to shared work benefitsConflict with federal
	requirements.
50.60.901	RulesReport to legislature1983 c 207.
50.60.902	Effective date1983 c 207.

RCW 50.60.010 Legislative intent.

In order to provide an economic climate conducive to the retention of skilled workers in industries adversely affected by general economic downturns and to supplement depressed buying power of employees affected by such downturns, the legislature finds that the public interest would be served by the enactment of laws providing greater flexibility in the payment of unemployment compensation benefits in situations where qualified employers elect to retain employees at reduced hours rather than instituting layoffs. [1983 c 207 § 1.]

RCW 50.60.020 Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Affected unit" means a specified plant, department, shift, or other definable unit consisting of one or more employees, to which an approved shared work compensation plan applies.
- (2) "Fringe benefits" include health insurance, retirement benefits under benefit pension plans as defined in section 3(35) of the employee retirement income security act of 1974, paid vacation and holidays, and sick leave, which are incidents of employment in addition to cash remuneration.
- (3) "Shared work benefits" means the benefits payable to employees in an affected unit under an approved shared work compensation plan as distinguished from the benefits otherwise payable under this title.
- (4) "Shared work compensation plan" means a plan of an employer, or of an employers' association, under which there is a reduction in the number of hours worked by employees rather than temporary layoffs.
- (5) "Shared work employer" means an employer, one or more of whose employees are covered by a shared work compensation plan.
- (6) "Usual weekly hours of work" means the normal number of hours of work for full-time employees in the affected unit when that unit is operating on a full-time basis, not to exceed forty hours and not including overtime.

- (7) "Unemployment compensation" means the benefits payable under this title other than shared work benefits and includes any amounts payable pursuant to an agreement under federal law providing for compensation, assistance, or allowances with respect to unemployment.
- (8) "Employers' association" means an association which is a party to a collective bargaining agreement under which there is a shared work compensation plan. [1983 c 207 § 2.]

RCW 50.60.030 Shared work compensation plan--Criteria for approval.

An employer or employers' association wishing to participate in a shared work compensation program shall submit a written and signed shared work compensation plan to the commissioner for approval. The commissioner shall approve a shared work compensation plan only if the following criteria are met:

- (1) The plan identifies the affected units to which it applies;
- (2) An employee in an affected unit are identified by name, social security number, and by any other information required by the commissioner;
- (3) The usual weekly hours of work for an employee in an affected unit are reduced by not less than ten percent and not more than fifty percent;
- (4) Fringe benefits will continue to be provided on the same basis as before the reduction in work hours. In no event shall the level of health benefits be reduced due to a reduction in hours;
- (5) The plan certifies that the aggregate reduction in work hours is in lieu of temporary layoffs which would have affected at least ten percent of the employees in the affected units to which the plan applies and which would have resulted in an equivalent reduction in work hours;
- (6) The plan applies to at least ten percent of the employees in the affected unit;
- (7) The plan is approved in writing by the collective bargaining agent for each collective bargaining agreement covering any employee in the affected unit;
- (8) The plan will not subsidize seasonal employers during the off season nor subsidize employers who have traditionally used part-time employees; and
- (9) The employer agrees to furnish reports necessary for the proper administration of the plan and to permit access by the commissioner to all records necessary to verify the plan before approval and after approval to evaluate the application of the plan.

In addition to subsections (1) through (9) of this section, the commissioner shall take into account any other factors which may be pertinent. [1985 c 43 § 1; 1983 c 207 § 3.] *NOTES:*

Conflict with federal requirements--1985 c 43: "If any part of this act is found to be in conflict with federal requirements which are a prescribed condition to the allocation of federal funds to the state or the eligibility of employers in this state for federal unemployment tax credits, the conflicting part of this act is hereby declared to be inoperative solely to the extent of the conflict, and such finding or determination shall not affect the operation of the remainder of this act. The rules under this act shall meet federal requirements which are a necessary condition to the receipt of federal funds by the state or the granting of federal unemployment tax credits to employers in this state." [1985 c 43 § 2.]

Severability--1985 c 43: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1985 c 43 § 3.]

RCW 50.60.040 Shared work compensation plan--Approval or rejection--Resubmission.

The commissioner shall approve or reject a shared work compensation plan in writing within fifteen days of its receipt. The reasons for the rejection shall be final and nonappealable, but the rejection shall not prevent an employer from submitting another plan for approval not earlier than fifteen days after the date of a previous written rejection. [1983 c 207 § 4.]

RCW 50.60.050 Approved shared work compensation plan--Misrepresentation--Penalties.

If an approved plan or any representation for implementation of the plan is intentionally and substantially misleading or false, any individual who participated in any such misrepresentation shall be subject to criminal prosecution as well as personal liability for any amount of benefits deemed by the commissioner to have been improperly paid from the fund as a result thereof. This provision for personal liability is in addition to any remedy against individual claimants for collection of overpayment of benefits if such claimants participated in or were otherwise at fault in the overpayment. [1983 c 207 § 5.]

RCW 50.60.060 Approved shared work compensation plan--Effective date--Expiration.

A shared work compensation plan shall be effective on the date specified in the plan or on the first day of the second calendar week after the date of the commissioner's approval, whichever is later. The plan shall expire at the end of the twelfth full calendar month after its effective date, or on the date specified in the plan if that date is earlier, unless the plan is revoked before that date by the commissioner. If a plan is revoked by the commissioner, it shall terminate on the date specified in the commissioner's order of revocation. [1983 c 207 § 6.]

RCW 50.60.070 Approved shared work compensation plan--Revocation--Review of plans.

The commissioner may revoke approval of a shared work compensation plan for good cause. The revocation order shall be in writing and shall specify the date the revocation is effective and the reasons for the revocation. Good cause for revocation shall include failure to comply with the assurances given in the plan, unreasonable revision of productivity standards for the affected unit, conduct or occurrences tending to defeat the intent and effective operation of the plan, and violation of the criteria on which approval of the plan was based.

Such action may be initiated at any time by the commissioner on his or her own motion, on the motion of any of the affected unit employees, or on the motion of the appropriate collective bargaining agents. The commissioner shall review each plan at least once within the twelve month period the plan is in effect to assure that it continues to meet the requirements of this chapter. [1983 c 207 § 7.]

RCW 50.60.080 Approved shared work compensation plan--Modification.

An approved shared work compensation plan in effect may be modified with the approval of the commissioner. If the hours of work are increased or decreased beyond the level in the original plan, or any other condition is changed, the employer shall promptly notify the commissioner. If the changes meet the requirements for approval of a plan, the commissioner shall approve the modifications. This approval shall not change the expiration date of the original plan. If the modifications do not meet the requirements for approval, the commissioner shall revoke the plan as specified in RCW 50.60.060. [1983 c 207 § 8.]

RCW 50.60.090 Shared work benefits--Eligibility.

An individual is eligible to receive shared work benefits with respect to any week only if, in addition to meeting the conditions of eligibility for other benefits under this title, the commissioner finds that:

- (1) The individual was employed during that week as a member of an affected unit under an approved shared work compensation plan which was in effect for that week;
- (2) The individual was able to work and was available for additional hours of work and for full-time work with the shared work employer; and
- (3) Notwithstanding any other provision of this chapter, an individual is deemed to have been unemployed in any week for which remuneration is payable to him or her as an employee in an affected unit for less than his or her normal weekly hours of work as specified under the approved shared work compensation plan in effect for that week. [1983 c 207 § 9.]

RCW 50.60.100 Shared work benefits--Weekly amount--Maximum entitlement--Claims--Conditions of entitlement.

- (1) The shared work weekly benefit amount shall be the product of the regular weekly unemployment compensation benefit amount multiplied by the percentage of reduction in the individual's usual weekly hours of work;
- (2) No individual is eligible in any benefit year for more than the maximum entitlement established for benefits under this title, including benefits under this chapter, nor may an individual be paid shared work benefits for more than a total of twenty-six weeks in any twelve-month period under a shared work compensation plan;
- (3) The shared work benefits paid an individual shall be deducted from the total benefit amount established for that individual's benefit year;
- (4) Claims for shared work benefits shall be filed in the same manner as claims for other benefits under this title or as prescribed by the commissioner by rule;
- (5) Provisions otherwise applicable to unemployment compensation claimants under this title apply to shared work claimants to the extent that they are not inconsistent with this chapter;
- (6)
- (a) If an individual works in the same week for an employer other than the shared work employer and his or her combined hours of work for both employers are equal to or greater than the usual weekly hours of work with the shared work employer, the individual shall not be entitled to benefits under this chapter or title;
- (b) If an individual works in the same week for both the shared work employer and another employer and his or her combined hours of work for both employers are less than his or her usual weekly hours of work, the benefit amount payable for that week shall be the weekly unemployment compensation benefit amount reduced by the same percentage that the combined hours are of the usual weekly hours of work. A week for which benefits are paid under this subsection shall count as a week of shared work benefits;
- (7) An individual who does not work during a week for the shared work employer, and is otherwise eligible, shall be paid his or her full weekly unemployment compensation benefit amount. Such a week shall not be counted as a week for which shared work benefits were received;
- (8) An individual who does not work for the shared work employer during a week but works for another employer, and is otherwise eligible, shall be paid benefits for that week under the partial unemployment compensation provisions of this title. Such a week shall not be counted as a week for which shared work benefits were received. [1983 c 207 § 10.]

RCW 50.60.110 Shared work benefits--Charge to employers' experience rating accounts.

Shared work benefits shall be charged to employers' experience rating accounts in the same manner as other benefits under this title are charged. Employers liable for payments in lieu of contributions shall have shared work benefits attributed to their accounts in the same manner as other benefits under this title are attributed. [1983 c 207 § 11.]

RCW 50.60.120 Shared work benefits--Exhaustee.

An individual who has received all of the shared work benefits, or all of the combined unemployment compensation and shared work benefits, available in a benefit year shall be considered an Exhaustee for purposes of the extended benefits program under chapter 50.22 RCW, and, if otherwise eligible under that chapter, shall be eligible to receive extended benefits. [1983 c 207 § 12.]

RCW 50.60.900 Title and rules to apply to shared work benefits--Conflict with federal requirements.

Unless inconsistent with or otherwise provided by this section, this title and rules adopted under this title apply to shared work benefits. To the extent permitted by federal law, those rules may make such distinctions and requirements as may be necessary with respect to unemployed individuals to carry out the purposes of this chapter, including rules defining usual hours, days, work week, wages, and the duration of plans adopted under this chapter. To the extent that any portion of this chapter may be inconsistent with the requirements of federal law relating to the payment of unemployment insurance benefits, the conflicting provisions or interpretations of this chapter shall be deemed inoperative, but only to the extent of the conflict. If the commissioner determines that such a conflict exists, a statement to that effect shall be filed with the governor's office for transmission to both houses of the legislature. [1983 c 207 § 13.]

RCW 50.60.901 Rules

The department shall adopt such rules as are necessary to carry out the purposes of chapter 207, Laws of 1983. [1998 c 245 § 101; 1983 c 207 § 14.]

RCW 50.60.902 Effective date--1983 c 207.

This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect with the weeks beginning after July 31, 1983. [1983 c 207 § 16.]

WAC Chapter 192-250 Shared Work

Sections:

192-250-005 **Definitions.**

192-250-010 What is the shared work program and who can participate?

192-250-015 When is an employer eligible to participate in the shared work program?

192-250-020 What is the criteria for having a shared work plan approved?

192-250-025 What are the requirements for employers with an approved shared work plan?

192-250-030 What are the grounds for revoking a shared work plan?—RCW 50.60.070.

192-250-035 Information for employees participating in an approved shared work plan.

192-250-045 Who is not eligible for participation in the shared work program?

WAC 192-250-005 Definitions.

For purposes of this chapter:

- (1) "Full time employment" means paid time of thirty-five to forty hours each week.
- (2) "General economic downturn" means a regional slowdown in work within an industry that is not due to factors that are typical for the industry or occupation.
- (3) "Seasonal employment" is defined in WAC 192-100-040.

WAC 192-250-010 What is the shared work program and who can participate?

- (1) The shared work program is a voluntary program that offers Washington employers an alternative to laying off skilled employees during periods of general economic downturn.
- (2) An employer may reduce an employee's full-time weekly work hours from ten to fifty percent and the employee can receive the same percentage of unemployment benefits. For example, an eligible employee who normally works forty hours each week is reduced to thirty hours per week, a reduction of twenty-five percent. The employee is eligible to receive twenty-five percent of his or her weekly benefit amount, regardless of the wages earned that week.
- (3) Both public and private sector employers are eligible to participate in the program.
- (4) An employer or employers' association must submit a signed shared work plan application to the commissioner for approval. A plan that meets the approval criteria listed in <u>RCW 50.60.030</u> and this chapter will be approved for a maximum of fifty-two weeks.

WAC 192-250-015 When is an employer eligible to participate in the shared work program?

A business must be legally registered in the state of Washington for at least six months (one hundred eighty days) before applying for the shared work program. "Registration" includes being issued an Employment Security (ES) reference number as well as a Unified Business Identifier (UBI) number.

WAC 192-250-020 What is the criteria for having a shared work plan approved?

In addition to the criteria listed in RCW 50.60.030, employers must:

- (1) Be current in the payment of all unemployment insurance taxes required under Title 50 RCW, or have an approved deferred payment contract on file with the department;
- (2) Include their ES reference number on the plan application; and
- (3) Designate a representative to be a liaison between the department and the employees who participate in the shared work plan.

WAC 192-250-025 What are the requirements for employers with an approved shared work plan?

- (1) What information am I responsible for providing to my employees? When your shared work plan is approved, you are responsible for telling your employees:
- (a) They are approved for participation in the shared work program;
- (b) How to apply for shared work benefits; and
- (c) How to file their weekly claims.

(2) What employee fringe benefits do I have to provide while participating in the shared work program?

- (a) You must continue to provide your employees with health benefits and with retirement benefits for defined pension plans under Section 3(35) of the Employee Retirement Income Security Act of 1974. You must maintain these benefits for your shared work employees as though their weekly hours had not been reduced.
- (b) You must continue to provide paid vacation, holiday, and sick leave on the same basis as before their hours were reduced.
- (c) Other benefits such as long-term disability and life insurance are optional. You may choose to provide these benefits but they are not a requirement for participation in the program.
- (3) What is required if the business name is changed? You must report any change in your business name to the shared work program unit within ten working days.
- (4) What is required if the designated employer representative is changed? You must notify the shared work unit of the change within ten working days.
- (5) **Can I modify an approved shared work plan?** Answering "yes" to plan modification on your application allows additional employees or units of your business to be added after the approved plan start date. You may also modify the number of hours an employee works during a week according to the needs of your business. Adding new employees or units to an approved plan is subject to the same eligibility review that applied to the original plan.
- (6) Can I change the definition of full-time work for my employees? No. Once you have established the number of hours that are full-time for the worker on the original application, this number may not be modified.
- (7) What other information am I responsible for giving the department? In addition to the application for participation in the program, you are responsible for verifying the information on the report of shared work payments sent by the department. You must report any discrepancies to the shared work unit in writing within ten working days.
- (8) **How many shared work plans may I have?** (a) You may have two shared work plans within a three year period beginning with the effective date of the first plan. We will review each shared work plan application to see if it meets the eligibility requirements. Even if a previous plan was approved, this does not mean subsequent plans are automatically approved.
- (b) You will not be eligible for a new plan until at least twelve months after the expiration date of the second approved plan.
- (c) A plan may be approved for up to twelve months from the effective date. Plans approved for fewer than twelve months still count as one plan.
- (d) If your business is approved for a shared work plan, but your employees do not claim shared work benefits during the life of the plan, it will still be treated as one plan.
- (e) The commissioner may, in individual cases and at his or her discretion, waive the twelve month waiting period in subsection (b).
- (9) What if my ES reference number changes? You must report the change to the shared work unit within ten working days. A change in ES reference number represents a change in employer and the existing shared work plan will be canceled. The successor employer may submit a new shared work plan application to the department for review.

WAC 192-250-030 What are the grounds for revoking a shared work plan?—RCW 50.60.070.

The department may revoke a shared work plan for good cause. In addition to the factors listed in <u>RCW</u> 50.60.070, "good cause" includes, but is not limited to:

- (1) An employer's failure within ten working days to:
- (a) Report a change in their ES reference number.
- (b) Report an impending sale or transfer of the business or company.
- (c) Report a change in the designated employer representative.
- (d) Provide wage and hour reports, documents, or other information needed by the shared work unit to decide if the employer or employee(s) is eligible for participation in the shared work program.
- (e) Verify the information on the employer's shared work payments report, and notify the shared work unit of any discrepancies in writing.
- (2) An employer's failure to maintain employee fringe benefits as required by $\underline{\text{WAC } 192\text{-}250\text{-}025(2)}$ while participating in the program.

WAC 192-250-035 Information for employees participating in an approved shared work plan.

- (1) What are the requirements for participating in my employer's plan? You must have at least four hundred sixty hours of work with this employer in the calendar quarter before the quarter in which your employer's application is submitted.
- (2) When do I apply for benefits? Your employer representative will tell you if you need to apply for benefits and how to do so. If you have a current valid claim, you do not need to apply again.
- (3) **How do I file my weekly claim for benefits?** See <u>WAC 192-140-005</u> for instructions on filing weekly claims. You must also report the number of hours you were paid for holidays, vacations, or sick leave. You must report hours and gross earnings for part-time and second jobs, plus your hours and net earnings from any self-employment. You can file weekly claims by telephone or over the internet.
- (4) What happens if the total number of hours worked is not a whole number? If the total number of hours you worked in a week includes a fraction of an hour, the department will round the total down to the next whole number. This rounded number will be compared to your usual hours of work to calculate your shared work benefit payment for the week. For example: You work 28.5 hours of a normal 40 hour week. The 28.5 hours is rounded down to 28 hours and then divided by 40, meaning you worked 70 percent of the available hours. Your shared work payment would be 30 percent of your regular weekly benefit amount.
- (5) What happens if I don't work all scheduled hours for my shared work employer? (a) You are not eligible for shared work benefits for any week that you do not work all hours you have been scheduled by your shared work employer. (b) You must be available for additional hours of work, up to full time, with the shared work employer. If your employer gives you at least 24 hours' notice that additional work is available and you do not work those additional hours, you are not eligible for shared work benefits for that week. (c) When you are not eligible for shared work benefits in any week claimed, your claim will be processed as a regular unemployment claim.
- (6) **Do I have to look for work while participating in the shared work program?** No. You are not required to look for work while participating in the shared work program.
- (7) Is there a minimum or maximum number of hours I can work in a week and still receive shared work benefits? You must have 20 to 36 hours of paid time during a week to receive shared work benefits. In any week you are paid for fewer than 20 hours or more than 36 hours, your claim will be processed as a regular unemployment claim.
- (8) **How long can I receive shared work benefits?** You can receive up to 26 weeks of shared work payments during your benefit year, depending on the maximum amount of benefits available on your claim. The 26 weeks do not have to be claimed consecutively. Your waiting week counts as one of the 26 weeks of shared work payments.

WAC 192-250-045 Who is not eligible for participation in the shared work program?

- (1) The following employees are not eligible for participation in the shared work program:
- (a) Employees paid on any basis other than hourly wage. This includes, but is not limited to, employees paid on a piece rate, mileage rate, job rate, salary, or commission basis. The commissioner may waive this provision for employees paid on a piece rate basis if an hourly rate of pay can be established.
- (b) Officers of the corporation that is applying for participation.
- (2) The following businesses are not eligible for participation in the shared work program:
- (a) Businesses with a benefit ratio of more than 5.4 percent.
- (b) Nonqualified employers, meaning employers who have reported no payroll for four consecutive quarters.

Employer Representative Responsibilities

Your company and the Employer Representative are responsible for the following:

- After receiving your Shared Work plan approval packet, you must call the Shared Work Administrative Unit to start your employees on the program. Consult the list of contacts contained in the packet.
- Review the copy of the *Shared Work Compensation Plan Participant List* and compare it with the Shared Work Participant Inquiry printout, to make sure all participants are included, and the social security numbers and names are accurate. **It is the employer representative's responsibility to notify employees who are determined eligible, ineligible, or have a current UI claim.** We will note this with a brief explanation in the right margin of the *Shared Work Compensation Plan Participant List* copy.
- Provide your participating employees with the *Instruction Sheet to Complete Your Participant Application* and the *Participant Application for Shared Work Benefits*. After the employees complete the forms, fax or mail them to the Shared Work Administrative Unit. All employees **must** sign their completed application.
- Review all applications completed by your employees. If any employee marks "NO" to U.S. citizen, they must provide their alien registration number from the U.S. Citizenship and Immigration Services. If we need additional verification, your employee must provide a legible copy of their alien registration card (front and back).
- Ensure all current work history fields are completed with employer name, address, hire date (mo/day/yr), separation date (mo/day/yr), date hours recently reduced, and job title. Employees are to include **all** work history for the past two (2) years including a second job (with actual last day worked), and any employment in other states. If this information is not provided in detail, the claim will not be filed in a timely manner.
- Direct employees to file weekly claims using the telephone or Internet. Instructions for filing are found in the tear-out section of this handbook titled "You've Applied for Shared Work Benefits, What's Next?" Your employees will receive a similar brochure titled "You've Applied for Unemployment What's Next?" at their mailing address. Please inform your employees to disregard this document.
- When directed by the Shared Work Administrative Unit, distribute the *Instruction Sheet to Complete Your Shared Work Claim form*. Review for completeness, including employee's signature, and fax or mail to the Shared Work Administrative Unit.
- Submit a *Shared Work Compensation Plan Participant List* when adding employees to an existing plan. Please be aware that we will **only** consider participant additions to an existing plan during the week we receive a *completed Shared Work Compensation Plan Participant List*. **It will not be retroactive.**
- Submit a *Shared Work Participant Status Change Request Form* to remove a participant from a plan. Plan removal could be due to a quit, discharge, lack of work, change in full-time work status, voluntary, or employer removal from the Shared Work plan. Notify the Shared Work Administrative Unit immediately of any change in status of your participating employees. Submit a *Shared Work Participant Status Change Request Form* to change the status of any affected employee.

- Cross-reference the weekly benefit payment information on the Shared Work Payments Report (G5106) with your payroll records. Submit, in writing, any discrepancies to the Shared Work Administrative Unit using the *Request for Employer Information* form. Please have employees sign the form if they agree to the corrections made by the employer. RCW 50.60.030(9)
- You must report any change in your company's Employment Security (ES) Reference Number within 10 days to the Shared Work Administrative Unit.
- A change in ES reference number represents a change in business structure or ownership and may require a new application for program participation.

District Tax Offices								
040 - Indian Affairs Section	050 - UIRX Unit	080-Underground Economy						
Main Number: 360-902-9623	Main Number: 360-902-9360	Main Number: 360-902-9450						
Fax: 360-902-9287	Fax: 360-902-9264	Fax: 360-902-9214						
212 Maple Park	212 Maple Park	PO Box 9046						
PO Box 9046	PO Box 9046	Olympia – 98507-9046						
Olympia – 98507-9046	Olympia – 98507-9046							
090-SUTA Dumping	100 – Bellingham	150 – Lynnwood						
Main Number: 360-902-9450	Main Number: 360-676-2070	Main Number: 425-774-2380						
Fax: 360-902-9214	Fax: 360-738-6180	Fax: 425-774-2391						
PO Box 9046	1904B Humboldt St	20311 52nd Ave W, Ste 301						
Olympia – 98507-9046	PO Box 978	PO Box 2642						
	Bellingham – 98227	Lynnwood – 98036						
200 – Seattle North	300 – Bellevue	400 – South Sound						
Main Number 206-706-3801	Main Number 425-649-4388	Main Number 253-593-7380						
Fax 206-706-3803	Fax 425-649-4470	Fax 253-593-7399						
8746 Mary Ave NW	1530 140 th Ave NE, Ste 100	1305 Tacoma Ave S						
PO Box 70732	PO Box 66	Suite #202						
Seattle – 98107	Bellevue – 98009	Tacoma – 98401						
600 - Vancouver	650 – Wenatchee	700 – Yakima						
Main Number 360-735-5050	Main Number 509-662-0448	Main Number 509-574-0137						
Fax 360-735-5049	Fax 509-665-3749	Fax 509-574-0113						
5411 East Mill Plain Blvd	215 Bridge St	306 Division St						
Bldg. 3, Ste C	PO Box 2237	PO Box 10708						
Vancouver – 98661	Wenatchee – 98807	Yakima – 98909						
750 – Tri- Cities	800 – Spokane							
Main Number 509-734-5880	Main Number 509-532-3090							
Fax 509-734-5887	Fax 509-532-3086							
815 N Kellogg, Ste B	132 S Arthur St							
Kennewick – 99336	Spokane – 99202							

Shared Work Compensation Plan Application



1.	Company Information:			
	Name:			
	Mailing Address:			
	City:	State:		Zip Code:
	Physical Location Address (if di	fferent from mailing address):		
	City:	State:		Zip Code:
	Phone:	Fax:	Email:	
2.	Employment Security (ES)	Tax Reference Number:		
	United Business Identifier (UBI) Number:		
3.		nate an Employer Representative re ed Work Administrative Unit. Plea Job Title:		ormation below.
	Phone:	Extension:	Fax:	
4.	Alternate Employer Repres	entative information:		
	Name:	Job Title:	Emai	1:
	Phone:	Extension:	Fax:	
5.	Have you ever had a previous	ously approved Shared Work plan?	Yes: □	No: □
6.	When do you anticipate rec	lucing weekly work hours?		
7.	 affected hourly employ b. The total reduction in least 10% of the employ application. c. Health benefits will contain to the Shared Work Adverse 	departments, units, sections, and sivees work full-time 35 to 40 hours work hours is in lieu of temporary by yees in the departments, units, secontinue to be maintained in full whilation necessary for the proper administrative Unit.	a week. layoffs, which wetions, and shift(stile hours are reduinistration of the	ould have affected at) identified in the plan
8.	allows the employer to ad	Authorization to modify the Shar just the hours of work for the pa ondition, as long as the changes n nal approved plan.	rticipating	Yes: □ No: □
9.	Employer Signature:			
	Title:		Date:	
10.	. Collective Bargaining Ag	ent Information (if applicable):		
	Name:	Union:		
	Signature:		Loca	1:

Shared Work Compensation Plan Participant List



The *Shared Work Compensation Plan Participant List* is for the Employer Representative to request the Shared Work Administrative Unit to determine employees' eligibility for participation in the Shared Work Program.

Policy:

- This form <u>must</u> be included with the *Shared Work Compensation Plan Application* when applying for the Shared Work Program.
- Shared Work Employer Representatives <u>must use this form to add employees</u> to a current Shared Work Plan. **All approved additions will** be effective the week in which the request is received.
- Please make sure the information on this form is legible and correct **before** faxing it to the Shared Work Administrative Unit.

Company Name and Location		Employment S	Date				
Employee Name	Employee Social Security Number (SSN)	Hourly Employee (Y)es or (N)o	Full Time (35 to 40 Hrs) (Y)es or (N)o	Regular Work Hours	Reduced Hours of Work	Hire Date	Department, Unit, Section or Shift(s)
Example: Doe, John Q	123-45-6789	Y/N	Y/N	40	32	02/19/92	Clerical

Instructions For Completing The Shared Work Compensation Plan Application Package



Note: Please make sure the *Shared Work Compensation Plan Application* and the *Shared Work Compensation Plan Participant List* are submitted together. Otherwise, they will be considered an incomplete plan application package and will not be processed.

Shared Work Compensation Plan Application Instructions

- 1. Complete the company name, mailing address, physical location (if different from mailing address), phone number, extension, fax number, and email address.
- 2. Complete the company Employment Security (ES) Tax Reference Number and Unified Business Identifier (UBI) Number.
- 3. Complete the name, job title, email address, phone number, extension, and fax number of the Employer Representative responsible for coordinating between the Shared Work Administrative Unit and your company.
- 4. Complete the name, job title, email address, phone number, extension, and fax number of the person who will act as the **alternate** Employer Representative for your company.
- 5. Indicate whether or not your company has had a previously approved Shared Work Plan.
- 6. Indicate when you anticipate reducing weekly work hours.
- 7. Read the **Employer Certification** section carefully, making sure your company meets the Shared Work requirements.
- 8. Answer the Modification Statement. Failure to answer this question will result in an incomplete application and will not be processed. Reference WAC 192-250-025 (5).
- 9. Sign and date the application.
- 10. If applicable, this section must be completed by the collective bargaining agent for each collective bargaining agreement covering any employee in an affected unit.

Shared Work Compensation Plan Participant List Instructions

- Read the bulleted polices at the top of the Shared Work Compensation Plan Participant List.
- Complete the company name and location (i.e., Jones Bubble Co., Seattle, WA).
- Complete the Employment Security (ES) Tax Reference Number.
- Complete the date the participant list is submitted.
- Complete the employee names, <u>last name first</u> in <u>alphabetical order</u> (i.e., Jones, Willie). When completing the participant information, please make sure it is legible and all the information is correct.
- Complete the participant's social security number (please hyphenate).
- Indicate whether or not participant is salary or hourly.
- Indicate whether or not participant is part-time or full-time.
- Complete the regular work hours per week.
- Provide the reduced hours you plan to work the participants each week.
- Provide the participant's hire date.
- Indicate the participant's department, unit, section, or shift(s).

The Shared Work Compensation Plan Application and Plan Participant List can be faxed to (360) 902-9260 or mailed to the address below:

Employment Security Department Shared Work Administrative Unit 212 Maple Park Dr., 4th Floor P.O. Box 9046 Olympia, WA 98507-9046

98507-9046

Note: If you fax your application, please mail the original to the Shared Work Administrative Unit.

Email: SharedWork@esd.wa.gov

Toll Free Number: 1-800-752-2500

YOU'VE APPLIED FOR SHARED WORK BENEFITS – WHAT'S NEXT?

TO START YOUR WEEKLY CLAIMS, YOU MUST FILE YOUR CLAIM ON TIME EACH WEEK OR YOU MAY BE DENIED BENEFITS.

What is a Weekly Claim?

It is a set of questions you answer about the week that just ended. Your answers tell us if you are eligible for unemployment. If you do not make your claim on time each week, you may not receive a check.

How Do I File My Weekly Claim?

Log onto www.go2ui.com and click on Weekly Claims. If you have a computer, you can claim from home. If not, you can use computers at your local library, WorkSource Office, or your employer may provide this service.

When Do I File My First Weekly Claim?

You always claim for a week after it ends. All weeks end at midnight on Saturday night. So, Sunday is the first day you can file for the week that just ended.

The Sunday after you applied for unemployment, or reopened your claim, is the first day you can make your weekly claim. You have until 5:00 p.m. on the last working day of the week to claim (this is usually a Friday, unless there is a state holiday).

Example

You applied for	MONTH								
unemployment benefits during this	S	M	T	W	T	F	S		
week			1	2	3	4	5		
	6	7	8	9	10	11	12		
	13	14	15	16	17	18	19		
You make your first	20	21	22	23	24	25	26		
weekly claim this week	27	28	29	30	31				

What if I Do Not Have a Computer?

Call 1.800.318.6022 (TTY 1.800.365.8969). You may have difficulty using cordless and cellular phones.

If you cannot use the Internet or the phone, contact your Employer Representative. You may need to file an Unemployment Insurance Continued Claim Form.

What Will Happen the First Time I Claim?

You will be asked to enter your Social Security number, the two-digit month and four-digit year you were born, and to create a personal identification number (PIN).

Your PIN is a four-digit code that you will need to file your claim each week. Be sure that it is a number you will remember.

Do not tell anyone your PIN; it is legally the same as signing your name. You are responsible for all payments made using your PIN.

Was My Claim Accepted?

The message *your claim has now been accepted* will confirm that your claim is complete. If you disconnect before getting this message, your claim will not be processed. If we need more information, you will be given a special phone number to call the Shared Work Administrative Unit at 1-800-752-2500. If you do not call as instructed, your check may be delayed.

If you are unsure whether your claim has been accepted, call the Weekly Claims Line at least 24 hours after submitting your claim and press (or say) "2".

What If My Claim is Late?

Our Internet and telephone systems do not accept late claims. If you try to claim late, or you miss a week, they will not work for you. You need to **contact your Employer Representative to have your claim reopened**. You may be denied benefits if you do not claim on time.

What Will I be Asked When I Claim Each Week?

You will be asked the following questions about the week that just ended. If you make a mistake, hang up and start over.

- 1. Were you physically able and available for work each day? (Paid leave is considered able and available.)
- 2. Did you make an active search for work as directed? If you are an active Shared Work participant, answer 'YES' to this question.
- 3. Did you refuse any offer of work or fail to go for a scheduled job interview?
- 4. Have you applied for or received worker's or crime victim's compensation?*
- 5. Have you applied for or did you have a change in pension?*
- 6. Did you or will you receive holiday pay from your regular employer for any day of the week you're now claiming? Shared Work participants must answer 'NO' to this question. Paid holiday hours and earnings must be reported as work hours and earnings on question #12.*
- 7. Did you or will you receive vacation pay for any day of the week you are now claiming? Shared Work participants must answer 'NO' to this question. Paid vacation hours and earnings must be reported as work hours and earnings on question #12.*
- 8. Did you or will you receive pay in lieu of notice or termination pay for any day of the week you are now claiming?*
- 9. Did you serve on a Jury?*
- 10. Did you perform duty in the Military Reserve or National Guard for more than 72 consecutive hours?*
- 11. Did you work in self-employment? For self-employment, enter your net earnings.*
- 12. Did you work for any employer last week? (If yes, provide your employers' business name, complete mailing address, and dates you worked.) **Include all paid sick, vacation, and holiday hours and earnings.***
- 13. Did you have any other reportable earnings?* If you are not sure whether these earnings are reportable, refer to your Unemployment Claims Kit or contact your Employer Representative.

*Report earnings in the week you earned them, not in the week you received them. Enter the total gross earnings before deductions. You will also be asked the total hours or days for which you had earnings.

<u>Direct your questions to your Employer Representative.</u> Please do not contact the TeleCenter for assistance.

If you worked during the week, you may also be asked:

- Did you work for more than one employer?
- Was this work for the same employer as last week?
- Did you or will you work for the same employer this week?
- Have you had a reduction in hours due to a lack of work?
- Was your separation from employment due to:
 - 1. A lack of work?
 - 2. Reduced hours due to a lack of work?
 - 3. You were fired?
 - 4. You quit?
 - 5. Some other reason?

File Weekly Claims Online at www.go2ui.com.

Employee Responsibilities

Shared Work participants are responsible for the following:

- Legibly complete and sign the *Participant Application for Shared Work Benefits* and submit to the Employer Representative. Ensure all current work history fields are complete with employer name, address, hire date (mo/day/yr), separation date (mo/day/yr), the date hours will be reduced, and job title. Include **all** work history for the past two (2) years, including a second job (with actual last day worked), employment in other states, and self-employment. If this information is not provided in detail, the claim will not be filed in a timely manner. You are required to report your weekly gross earnings and an **estimate** of your total gross earnings for the past 18 months prior to the date of application.
- Know your hourly rate of pay.
- Know when your claim begins and ends by -- referring to the Effective Date of Claim (EDC) and Benefit Year End (BYE) dates. We will mail you a Statement of Wages and Hours with your EDC and BYE dates.
- **File your weekly claims by telephone or Internet.** The UI Continued Claim paper form should be used only when directed by the Shared Work Administrative Unit.
- Employees **should not** contact the Unemployment Claims TeleCenters or any field offices while participating in the Shared Work Program. The Shared Work Administrative Unit in Olympia administers the program statewide.
- Any issues regarding your claim, eligibility determination, and overpayment decisions must be addressed with your company's Employer Representative, unless otherwise directed by the Shared Work Administrative Unit.
- You must be able and available for **all** work offered by your Shared Work employer to be eligible for Shared Work benefits.
- You are **not** required to make an active search for work while participating in the Shared Work Program. However, you must answer "**YES**" to question #2: "Did you make an active search for work as directed?" when claiming benefits.
- You are responsible for the accurate reporting of all gross earnings and hours worked, including **paid** sick, vacation, and holiday hours, for each week claimed. Inaccurate reporting may establish unnecessary claim issues and delay the payment of benefits.
- You **must** also report **any** secondary employment or self-employment each week you claim.

Shared Work Payment Calculation

7. /	•	
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Range of qualifying hours for Shared Work eligibility.

Minimum

Hours	Percentage
36	10.0%
35	12.5%
34	15.0%
33	17.5%
32	20.0%
31	22.5%
30	25.0%
29	27.5%
28	30.0%
27	32.5%
26	35.0%
25	37.5%
24	40.0%
23	42.5%
22	45.0%
21	47.5%
20	50.0%

Shared work payments are calculated based on the number of reduced work hours per week, and the corresponding percentage for the Weekly Benefit Amount (WBA).



2008 Claim Calendar

First Quarter ~ 2008

W k	M o	S	М	Т	W	Т	F	S	Expires Wk-Yr	Expiration Date
1	J	6	7	8	9	10	11	12	52-8	1-03-09
2	N U	13	14	15	16	17	18	19	1-9	1-10-09
3	A	20	(21)	22	23	24	25	26	2-9	1-17-09
4	R Y	27	28	29	30	31	Feb 1	2	3-9	1-24-09
5	F E	3	4	5	6	7	8	9	4-9	1-31-09
6	B R	10	11	12	13	14	15	16	5-9	2-07-09
7	U A	17	(18)	19	20	21	22	23	6-9	2-14-09
8	R Y	24	25	26	27	28	29	Mar 1	7-9	2-21-09
9		2	3	4	5	6	7	8	8-9	2-28-09
10	M A	9	10	11	12	13	14	15	9-9	3-07-09
11	R	16	17	18	19	20	21	22	10-9	3-14-09
12	Н	23	24	25	26	27	28	29	11-9	3-21-09
13		30	31	Ap i 1	r 2	3	4	5	12-9	3-28-09

Base Year: October 1, 2006 through September 30, 2007 Base Year Quarters: 4 of 2006; 1, 2, and 3 of 2007

Alternate Base Year: January 1, 2007 through December 31, 2007 Alternate Base Year Quarters: 1, 2, 3, and 4 of 2007

Third Quarter ~ 2008

W k	M o	S	М	Т	W	Т	F	S	Expires Wk-Yr	Expiration Date
27		6	7	8	9	10	11	12	26-9	7-04-09
28	J	13	14	15	16	17	18	19	27-9	7-11-09
29	L Y	20	21	22	23	24	25		28-9	7-18-09
30		27	28	29	30	31	Aug 1	2	29-9	7-25-09
31		3	4	5	6	7	8	9	30-9	8-01-09
32	A U	10	11	12	13	14	15	16	31-9	8-08-09
33	G U	17	18	19	20	21	22	23	32-9	8-15-09
34	S T	24	25	26	27	28	29	30	33-9	8-22-09
35		31	Sep 1) 2	3	4	5	6	34-9	8-29-09
36	SE	7	8	9	10	11	12	13	35-9	9-05-09
37	P T E	14	15	16	17	18	19	20	36-9	9-12-09
38	M B	21	22	23	24	25	26	27	37-9	9-19-09
39	E R	28	29	30	Oct 1	2	3	4	38-9	9-26-09

Base Year: April 1, 2007 through March 31, 2008 Base Year Quarters: 2, 3, and 4 of 2007; 1 of 2008

Alternate Base Year: July 1, 2007 through June 30, 2008 Alternate Base Year Quarters: 3 and 4 of 2007; 1 and 2 of 2008

Second Quarter ~ 2008

W k	M	S	М	Т	W	Т	F	S	Expires Wk-Yr	Expiration Date
14	Α	6	7	8	9	10	11	12	13-9	4-04-09
15	PR	13	14	15	16	17	18	19	14-9	4-11-09
16	K L	20	21	22	23	24	25	26	15-9	4-18-09
17	_	27	28	29	30	May 1	2	3	16-9	4-25-09
18		4	5	6	7	8	9	10	17-9	5-02-09
19	M A	11	12	13	14	15	16	17	18-9	5-09-09
20	Y	18	19	20	21	22	23	24	19-9	5-16-09
21		25	26	27	28	29	30	31	20-9	5-23-09
22		1	2	3	4	5	6	7	21-9	5-30-09
23	J	8	9	10	11	12	13	14	22-9	6-06-09
24	ZΩ	15	16	17	18	19	20	21	23-9	6-13-09
25	Е	22	23	24	25	26	27	28	24-9	6-20-09
26		29	30	Jul 1	2	3	4) 5	25-9	6-27-09

Base Year: January 1, 2007 through December 31, 2007 Base Year Quarters: 1, 2, 3, and 4 of 2007

Alternate Base Year: April 1, 2007 through March 31, 2008 Alternate Base Year Quarters: 2, 3, and 4 of 2007; 1 of 2008

Fourth Quarter ~ 2008

W k	M o	S	М	Т	W	Т	F	S	Expires Wk-Yr	Expiration Date
40	0	5	6	7	8	9	10	11	39-9	10-03-09
41	T	12	13	14	15	16	17	18	40-9	10-10-09
42	В	19	20	21	22	23	24	25	41-9	10-17-09
43	R	26	27	28	29	30	31	Nov 1	42-9	10-24-09
44	Ν	2	3	4	5	6	7	8	43-9	10-31-09
45	0 V	9	10	11	12	13	14	15	44-9	11-07-09
46	E M	16	17	18	19	20	21	22	45-9	11-14-09
47	B	23	24	25	26	27	(28)	29	46-9	11-21-09
48	R	30	Dec 1	2	3	4	5	6	47-9	11-28-09
49	D E	7	8	9	10	11	12	13	48-9	12-05-09
50	C E	14	15	16	17	18	19	20	49-9	12-12-09
51	M B	21	22	23	24	(25)	26	27	50-9	12-19-09
52	E R	28	29	30	31	Jan 1) 2	3	51-9	12-26-09

Base Year: July 1, 2007 through June 30, 2008 Base Year Quarters: 3 and 4 of 2007; 1 and 2 of 2008

Alternate Base Year: October 1, 2007 through September 30, 2008 Alternate Base Year Quarters: 4 of 2007; 1, 2, and 3 of 2008

EARNINGS DEDUCTION CHART



Gross Earnings Constantings Gross Earnings Gross Earnings Gross Earnings Constantings Constantings	[TION OTTAKT	· · · · · · · · · · · · · · · · · · ·	WASHINGTON STATE						
Section Sect	Gross Earnings Earnings	Gross Earnings Earnings			Gross Earnings Earnings					
1.50		, , ,		, ,						
Total	5.01 - 6.33 = 1	143.67 - 145.00 = 105	281.01 - 282.33 = 208		557.01 - 558.33 = 415					
1936 1				421.01 - 422.33 = 313						
1.00	9.01 - 10.33 = 4	147.67 - 149.00 = 108	285.01 - 286.33 = 211	422.34 - 423.66 = 314	561.01 - 562.33 = 418					
1.45	11.67 - 13.00 = 6			425.01 - 426.33 = 316						
1.00	13.01 - 14.33 = 7	151.67 - 153.00 = 111	289.01 - 290.33 = 214	426.34 - 427.66 = 317	565.01 - 566.33 = 421					
18.50	14.54 - 15.66 = 6 15.67 - 17.00 = 9		291.67 - 293.00 = 216	429.01 - 430.33 = 319	567.67 - 569.00 = 423					
1907 - 7.000 - 1.000 -	17.01 - 18.33 = 10	155.67 - 157.00 = 114		430.34 - 431.66 = 320	569.01 - 570.33 = 424					
22.50	19.67 - 21.00 = 12	158.34 - 159.66 = 116	295.67 - 297.00 = 219	433.01 - 434.33 = 322	571.67 - 573.00 = 426					
230 250	21.01 - 22.33 = 13 22.34 - 23.66 = 14		297.01 - 298.33 = 220 298.34 - 299.66 = 221	434.34 - 435.66 = 323 435.67 - 437.00 = 324	573.01 - 574.33 = 427 574.34 - 575.66 = 428					
2.50 2.76 2.76 2.76 2.77	23.67 - 25.00 = 15	162.34 - 163.66 = 119	299.67 - 301.00 = 222	437.01 - 438.33 = 325	575.67 - 577.00 = 429					
270 250	25.01 - 26.33 = 16 26.34 - 27.66 = 17	163.67 - 165.00 = 120 165.01 - 166.33 = 121	301.01 - 302.33 = 223 302.34 - 303.66 = 224	438.34 - 439.66 = 326 439.67 - 441.00 = 327	577.01 - 578.33 = 430 578.34 - 579.66 = 431					
30.2 3 1.6 2 20 165.0 177.03 1 22 20 20 20 20 20 20 20 20 20 20 20 20	27.67 - 29.00 = 18	166.34 - 167.66 = 122	303.67 - 305.00 = 225	441.01 - 442.33 = 328	579.67 - 581.00 = 432					
316 7 3300 2 21 170.24 171.66 1 25 307.67 309.00 2 229 445.01 446.35 2 312 583.67 585.00 2 458. 315.26 2 23 171.20 174.32 172.00 2 120.00	29.01 - 30.33 = 19 30.34 - 31.66 = 20		305.01 - 306.33 = 226 306.34 - 307.66 = 227	442.34 - 443.66 = 329 443.67 - 445.00 = 330	581.01 - 582.33 = 433 582.34 - 583.66 = 434					
4.44			307.67 - 309.00 = 228	445.01 - 446.33 = 331	583.67 - 585.00 = 435					
320 1 3833	34.34 - 35.66 = 23	173.01 - 174.33 = 127	310.34 - 311.66 = 230	447.67 - 449.00 = 333	586.34 - 587.66 = 437					
38.3 39.66 2.66 177.01 178.33 190. 316.24 316.66 2231 45.67 453.00 2.339 500.34 500.34 341.01 42.23 2.50 177.01 178.33 2.50 177.01 178.33 2.50 34.54 34.00 2.339 500.34 34.00	35.67 - 37.00 = 24 37.01 - 38.33 - 25	174.34 - 175.66 = 128 175.67 - 177.00 - 129	311.67 - 313.00 = 231 313.01 - 314.33 - 232	449.01 - 450.33 = 334 450.34 - 451.66 - 335	587.67 - 589.00 = 438 589.01 - 590.33 - 439					
44.07	38.34 - 39.66 = 26	177.01 - 178.33 = 130	314.34 - 315.66 = 233	451.67 - 453.00 = 336	590.34 - 591.66 = 440					
46.34	41.01 - 42.33 = 28	178.34 - 179.66 = 131 179.67 - 181.00 = 132	315.67 - 317.00 = 234 317.01 - 318.33 = 235	453.01 - 454.33 = 337 454.34 - 455.66 = 338	591.67 - 593.00 = 441 593.01 - 594.33 = 442					
4601 4633 = 31	42.34 - 43.66 = 29	181.01 - 182.33 = 133	318.34 - 319.66 = 236	455.67 - 457.00 = 339	594.34 - 595.66 = 443					
46.01	43.67 - 45.00 = 30			457.01 - 458.33 = 340 458.34 - 459.66 = 341	595.67 - 597.00 = 444 597.01 - 598.33 = 445					
4401 - 50.33 = 346	46.34 - 47.66 = 32	185.01 - 186.33 = 136	322.34 - 323.66 = 239	459.67 - 461.00 = 342	598.34 - 599.66 = 446					
53.01 - 54.35 - 38	49.01 - 50.33 = 34			461.01 - 462.33 = 343 462.34 - 463.66 = 344	601.01 - 602.33 = 448					
55.07 - 57.00 = 39	50.34 - 51.66 = 35	189.01 - 190.33 = 139	326.34 - 327.66 = 242	463.67 - 465.00 = 345	602.34 - 603.66 = 449					
54.34 - 55.66 = 38 180.01 - 184.33 = 142 330.34 - 331.66 = 245 467.67 - 468.00 = 384 606.34 607.66 = 45.55 607.66 180.34 180.01 - 180.35 140.01 180.01 140.01 1	53.01 - 54.33 = 37	191.67 - 193.00 = 141	329.01 - 330.33 = 244	466.34 - 467.66 = 347	605.01 - 606.33 = 451					
57.01 - 58.33 = 40	54.34 - 55.66 = 38		330.34 - 331.66 = 245	467.67 - 469.00 = 348	606.34 - 607.66 = 452					
5867 - 61.00	57.01 - 58.33 = 40	195.67 - 197.00 = 144	333.01 - 334.33 = 247	470.34 - 471.66 = 350	609.01 - 610.33 = 454					
61.01 - 62.33 = 434				473.01 - 474.33 = 352						
68.01 - 68.33 = 447	61.01 - 62.33 = 43	199.67 - 201.00 = 147	337.01 - 338.33 = 250	474.34 - 475.66 = 353	613.01 - 614.33 = 457					
68.01 - 68.33 = 447				475.67 - 477.00 = 354 477.01 - 478.33 = 355						
67.67 - 69.00	65.01 - 66.33 = 46	203.67 - 205.00 = 150	341.01 - 342.33 = 253	478.34 - 479.66 = 356	617.01 - 618.33 = 460					
70.34 - 71.66 = 50	67.67 - 69.00 = 48	206.34 - 207.66 = 152	343.67 - 345.00 = 255	481.01 - 482.33 = 358	619.67 - 621.00 = 462					
73.01 - 74.33 = 52	69.01 - 70.33 = 49 70.34 - 71.66 = 50		345.01 - 346.33 = 256 346.34 - 347.66 = 257	482.34 - 483.66 = 359 483.67 - 485.00 = 360	621.01 - 622.33 = 463 622.34 - 623.66 = 464					
76.67 - 77.09 = 545	71.67 - 73.00 = 51	210.34 - 211.66 = 155	347.67 - 349.00 = 258	485.01 - 486.33 = 361	623.67 - 625.00 = 465					
76.67 - 77.09 = 545	73.01 - 74.33 = 52 74.34 - 75.66 = 53		349.01 - 350.33 = 259 350.34 - 351.66 = 260	486.34 - 487.66 = 362 487.67 - 489.00 = 363	625.01 - 626.33 = 466 626.34 - 627.66 = 467					
783.4 - 79.66 = 56	75.67 - 77.00 = 54	214.34 - 215.66 = 158	351.67 - 353.00 = 261	489.01 - 490.33 = 364	627.67 - 629.00 = 468					
79.67 - 81.00 = 57	77.01 - 78.33 = 55 78.34 - 79.66 = 56			490.34 - 491.66 = 365 491.67 - 493.00 = 366						
82.34	79.67 - 81.00 = 57		355.67 - 357.00 = 264	493.01 - 494.33 = 367	631.67 - 633.00 = 471					
85.01 - 88.33 = 61	82.34 - 83.66 = 59	221.01 - 222.33 = 163	358.34 - 359.66 = 266	495.67 - 497.00 = 369	634.34 - 635.66 = 473					
86.34 - 87.66 = 62		222.34 - 223.66 = 164 223.67 - 225.00 - 165	359.67 - 361.00 = 267 361.01 - 362.33 - 268	497.01 - 498.33 = 370 498.34 - 499.66 - 371	635.67 - 637.00 = 474 637.01 - 638.33 - 475					
89.01 - 90.33 = 64	86.34 - 87.66 = 62	225.01 - 226.33 = 166	362.34 - 363.66 = 269	499.67 - 501.00 = 372	638.34 - 639.66 = 476					
90.34 - 91.66 = 65 229.01 - 230.33 = 169 366.34 - 367.66 = 272 505.07 - 505.00 = 375 642.34 - 643.66 = 479 93.01 - 94.33 = 67 231.67 - 233.00 = 171 369.01 - 370.33 = 274 505.01 - 506.33 = 376 645.01 - 646.33 = 481 93.01 - 39.30 = 95.66 = 82 33.01 - 234.33 = 172 370.34 371.66 = 275 507.67 - 505.00 = 378 645.01 - 646.33 = 481 93.01 - 370.33 = 274 505.34 - 506.34 - 507.66 = 377 645.01 - 646.33 = 481 93.01 - 370.34 371.67 - 373.00 = 275 507.67 - 505.00 = 378 645.01 - 646.33 = 481 93.01 - 370.34 371.67 - 373.00 = 276 509.01 - 510.33 = 379 647.67 - 649.00 = 483 93.01 - 390.66 = 71 237.01 - 238.33 = 173 374.34 375.66 = 276 511.67 - 513.00 = 381 647.67 - 649.00 = 483 96.67 - 101.00 = 72 238.34 - 229.66 = 176 375.67 - 377.00 = 279 513.01 - 513.00 = 381 651.67 - 653.00 = 486 96.67 - 101.00 = 72 238.34 - 229.66 = 176 375.67 - 377.00 = 279 513.01 - 513.30 = 382 651.67 - 653.00 = 486 102.34 - 103.66 = 74 241.01 - 242.33 = 178 378.34 - 379.66 = 281 515.67 - 517.00 = 384 665.43 - 655.66 = 488 103.67 - 750.00 = 75 242.34 - 243.66 = 179 379.67 - 381.00 = 282 517.01 - 518.33 = 385 655.67 - 657.00 - 489 105.01 - 106.33 = 76 243.67 - 245.00 = 180 381.01 - 382.33 = 283 518.34 - 518.66 = 383 665.67 - 665.00 = 489 105.01 - 106.33 = 76 243.67 - 245.00 = 180 381.01 - 382.33 = 283 518.34 - 518.66 = 383 665.67 - 665.00 = 489 105.01 - 106.33 = 70 246.37 - 247.66 = 182 385.67 - 385.00 = 282 517.01 - 518.33 = 385 665.67 - 665.00 = 489 105.01 - 106.33 = 70 246.37 - 247.66 = 182 385.67 - 385.00 = 285 521.01 - 522.33 = 386 665.67 - 665.00 = 481 107.67 - 113.00 = 81 250.34 - 251.66 = 183 386.67 - 386.00 = 285 521.01 - 522.33 = 391 663.67 - 665.00 = 481 107.67 - 113.00 = 81 250.34 - 251.66 = 185 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01 - 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01 - 389.35 389.01										
93.01 - 94.33 = 67	90.34 - 91.66 = 65	229.01 - 230.33 = 169	366.34 - 367.66 = 272	503.67 - 505.00 = 375	642.34 - 643.66 = 479					
94.34 - 95.66 = 68	93.01 - 94.33 = 67	230.34 - 231.66 = 170 231.67 - 233.00 = 171		505.01 - 506.33 = 376 506.34 - 507.66 = 377	645.01 - 646.33 = 481					
98.34 - 99.66 - 71	94.34 - 95.66 = 68	233.01 - 234.33 = 172	370.34 - 371.66 = 275	507.67 - 509.00 = 378	646.34 - 647.66 = 482					
99.67 - 101.00 = 72	97.01 - 98.33 = 70	235.67 - 237.00 = 174	373.01 - 374.33 = 277	510.34 - 511.66 = 380	649.01 - 650.33 = 484					
101.01 - 102.33 = 73										
105.67 - 105.00 = 75	101.01 - 102.33 = 73	239.67 - 241.00 = 177	377.01 - 378.33 = 280	514.34 - 515.66 = 383	653.01 - 654.33 = 487					
105.01 - 106.33 = 76	102.34 - 103.66 = 74 103.67 - 105.00 = 75									
109.01 - 109.03 = 78	105.01 - 106.33 = 76	243.67 - 245.00 = 180	381.01 - 382.33 = 283	518.34 - 519.66 = 386	657.01 - 658.33 = 490					
110.34 - 111.66 = 80	107.67 - 109.00 = 78	246.34 - 247.66 = 182	383.67 - 385.00 = 285	519.67 - 521.00 = 387 521.01 - 522.33 = 388	659.67 - 661.00 = 492					
111.67 - 113.00 = 81	109.01 - 110.33 = 79	247.67 - 249.00 = 183	385.01 - 386.33 = 286	522.34 - 523.66 = 389 523.67 - 525.00 = 300	661.01 - 662.33 = 493					
113.01 - 114.33 = 82	111.67 - 113.00 = 81	250.34 - 251.66 = 185	387.67 - 389.00 = 288	525.01 - 526.33 = 391	663.67 - 665.00 = 495					
115.67 - 117.00 = 84	113.01 - 114.33 = 82	251.67 - 253.00 = 186	389.01 - 390.33 = 289	526.34 - 527.66 = 392	665.01 - 666.33 = 496					
118.34 - 119.66 = 86	115.67 - 117.00 = 84	254.34 - 255.66 = 188	391.67 - 393.00 = 291	529.01 - 530.33 = 394	667.67 - 669.00 = 498					
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135.07 - 141.00 - 102	138.34 - 139.66 = 101	277.01 - 278.33 = 205	414.34 - 415.66 = 308	551.67 - 553.00 = 411						
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			<u> </u>							

Gross Earnings = Your earnings before deductions. Earnings Deduction = Amount deducted from your Weekly Benefit Amount (WBA).

Computation: Gross Earnings minus \$5.00 times 75% equals the Earnings Deduction. All deductions are rounded up to the next higher dollar.

When your Earnings Deduction is equal to or more than your Weekly Benefit Amount you are not eligible for benefit payments.

Shared Work Participant Status Change Request Form



The Shared Work Participant Status Change Request Form <u>must</u> be submitted within 10 working days to notify the Shared Work Administrative Unit of employee's no longer participating in the Shared Work Program.

Status Changes:

- Plan removal could be due to a quit, discharge, lack of work, change in full-time work status, or voluntary removal or employer removal from the Shared Work Plan.
- Participants permanently separated from your company must be deleted from the Shared Work Plan.
- Participants who will be <u>laid off</u> more than four (4) weeks <u>without</u> a definite return to work date should also be removed from the Shared Work Plan.

Please complete **all** information listed on this form and fax to the Shared Work Administrative Unit at (360) 902-9260.

Company Name and Location	Employment Security (ES) Re	Date	
Employee Name	Employee Social Security Number (SSN)	Reason For Separation: Quit (Q) Discharged (D) Laid Off (LO)	Date of Separation
Example: Doe, John Q	123-45-6789	LO	04/03/04
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			

Request for Employer Information



Please review the Shared Work Payments Report included and report any discrepancies of hours. Do *not* send information on any Shared Work employees that are *not* included on the Shared Work Payments Report. If the reported hours are incorrect, provide the corrected hours and gross earnings in 2.a. and 2.b. below. Please also include any unpaid leave information for employees on the report.

When a claimant certifies eligibility for benefits we pay based on that certification.

WAC 192-250-025 says you are responsible for verifying the information contained on the Shared Work Payments Report provided by the department, and reporting any discrepancies in writing to the Shared Work Administrative Unit that is processing your employees' unemployment claims.

Please provide the following information on reporting discrepancies. Make copies of this form if there is more than one employee with a discrepancy.

Business Name:	Claimant Name:					
ES Employer Number:	Claimant SSN:					
TeleCenter: 980						
What claim week is in question? Week er (Claim weeks run Sunday through midnig)	<u> </u>					
 If there is a difference in what your emplo and B below (regular hours worked also hours/earnings): a. Regular Hours Worked: b. Regular Worked Earnings: 	include paid sick leave, holiday,					
3. If your employee was not available for all hours were unpaid ?		e, what day(s) and				
Please return this form no later than 7 days from date received to the address below (one for each employee):	The information I have providing knowledge.	led is true to the best of				
Return to: Employment Security Department Shared Work Administrative Unit	Shared Work Employer/Represe	entative Date				
P.O. Box 9046 Olympia, WA 98507-9046 Local Fax: (360) 902-9260 Toll Free Fax: 1-800-752-2500	() Telephone number (including an	rea code)				
I agree with what my employer reports to be correct.	Claimant Signature	Date				



Business Change Form (Form 5208C-1)

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Amended Tax & Wage Report (Form 5208 D)



AMEND ONLY ONE QUARTER PER FORM - YOU MAY MAKE COPIES OF THIS FORM BEFORE USING

1) FEDERAL ID NUMBER		2) UBI NUMBER			3) EFFECT	IVE QUAF	TER	ENDI	NG DAT	Έ	
						MM	D D	Υ	Υ		
4)	BUSINESS NAME					5) ES REFI	ERENCE N	IUME	BER		
6)	PREPARER'S INFORMATION										
٠,	FIRST NAME	LAST NA	AME								
	PHONE	FAX									
	AREA CODE NUMBER	AREA CODE	NUMBER			EM	1AIL				
					Tabal Occasion	14/	-				
_	Social Security #	Name of Emplo	oyee	Total Hours	Total Gross As Repo	vvages orted	Total Cor	Gro	SS W	ages ount	
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2											_
3	 										_
4											_
5 6	 										_
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	12) TOTAL GROSS WAGES	AS	REPORTED	'	CORR	ECT AI	VIO	UNI			
	13) EXCESS WAGES										
	14) TAXABLE WAGES										
	15) UI TAX DUE FOR THIS	QUARTER									
	16) EAF										
	17) TOTAL TAX AMOUNT D	DUE									
	18) LATE PAYMENT PENAI	LTY									
	19) INTEREST										
	20) LATE REPORT PENALT	тү									
	21) PRIOR BALANCE OR C	CREDITS									
	22) AMOUNT DUE										
	23) AMOUNT REMITTED										
	*REASON FOR				L						1
	ADJUSTMENT (MANDATORY):										•





Unemployment Insurance Division Shared Work Administrative Unit PO Box 9046 Olympia WA 98507-9046 800-752-2500